V.S. No. 300
Rev. 10-48

FILED AUG 29 1961

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 61-028812

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 139

0355

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (in this place): 1 Wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Presinal Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Campbell--Rt. #3 0350.
d. STREET ADDRESS (If rural, give location): Rt. #3

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar Hershel
b. (Middle): Hershel
c. (Last): Haywood

4. DATE OF DEATH (Month) (Day) (Year): Aug. 19 1961

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 1 Married
8. DATE OF BIRTH: 3/4/06
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Clay County Arkansas 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William H. Haywood
13b. MOTHER'S MAIDEN NAME: Almera J. Webster
14. NAME OF HUSBAND OR WIFE: Flora Haywood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Flora Haywood-Rt. #3-Campbell, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 201X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ 2

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/13/61, 19__, *to* 8/19/61, 1961, *that I last saw the deceased alive on* 8-19, 1961, *and that death occurred at* 9:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. O. Wilson, M.D.
23b. ADDRESS: Kennett, Mo.
23c. DATE SIGNED: 8/23/61

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/21/61
24c. NAME OF CEMETERY OR CREMATORY: Piggott Cemetery
24d. LOCATION (City, town, or county) (State): Piggott, Arkansas

DATE REC'D BY LOCAL REG.: 8-26-1961
REGISTRAR'S SIGNATURE: Earl Husband
25. FUNERAL DIRECTOR'S SIGNATURE: Mowery Funeral Service
ADDRESS: Piggott, Arkansas

(Licensed Embalmer's Statement on Reverse Side)

5.0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 18 1961

d by me,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Kenneth W. Mowery
Kenneth W. Mowery
Licensed Embalmer No. 1087

P. O. Address Piggott, Arkansas

o comply

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.